

09942137

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

8932-538

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 50           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 50 minus 20= | 30                       |
| INDEPENDENT CLAIMS               | 7 minus 3=   | 4                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18=    | 540    |
| X80=      | 320    |
| +270=     |        |
| TOTAL     | 1570   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

6/13/05

|  | (Column 1) | (Column 2)                         | (Column 3)               |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 37         | 50                                 | =                        |
| Independent                                    | 3          | 7                                  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|  | (Column 1) | (Column 2)                         | (Column 3)               |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  |            |                                    | =                        |
| Independent                                    |            |                                    | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|  | (Column 1) | (Column 2)                         | (Column 3)               |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  |            |                                    | =                        |
| Independent                                    |            |                                    | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.